12030750326

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 FEB - 1 PM 1: 33

				FEC MANUSOCOVATER	
1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
∐ones Lang,LaSa	lle Americ	as, Inc. Politic	al Action,Committee	(Jones Lang LaSalle PAC)	
			<u> </u>		
ADDRESS (number and stre	_{et)} [200	East Randol	oh Drive		
(Check if address	بيا ،				
is changed)	Chic	ago		[IL] [60601,]-[
			CITY	STATE ~~ ZIP CODE	
COMMITTEE'S E-MAIL AD	DRESS (Pleas	se provide only one (-mail address)		
(Check if addre		e McLaugh	ılin@am.jll.com		لب
is changed)	ليا				لب
COMMITTEE'S WEB PAGE	E ADDRESS (URL)			
(Check if addre	ss L			<u> </u>	لب
is changed)	ـــــا				
2. DATE 01"	27 '	2012		<i>e</i>	
3. FEC IDENTIFICATIO	N NUMBER	C	Ç00396549 ,	•	
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have exami	ned this State	ment and to the bes	at of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Tre	asurer <u>Err</u>	est Fiorante		and the second s	
Signature of Treasurer		Et,	26	Date 01 27 27 20	12
NOTE: Submission of false, erreneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information Federal Election Commit Toll Free 800-424-9530		

	-	EC Eas	rm 1 (Revised 02/2009) Page 2			
 5.			OMMITTEE	_		
	Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name Candi		<u> </u>			
	Candi Party	id ate Affiliatio	Office State Senate President District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi	_		_		
	Part	y Con	nmittee:			
	(d)	П	This committee is a (National, State (Democratic, Republican, etc.) Part	.y.		
	Polit	ical A	ction Committee (PAC):			
	(e)	Ø	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	а		
			Corporation Corporation w/o Capital Stock Labor Organization			
			Membership Organization Trade Association Cooperative			
			In ælditien, this committee is a Lobbyist/Registrant PAC.			
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)	ty		
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	t Func	fraising Representative:			
	(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
		Com	mittees Participating in Joint Fundraiser			
		1.	FEC ID number C			
		2.	FEC ID number			
		3.	FEC ID number C			
			L	Ī		

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Write or Type Committee N		raye 3
Jones Lang LaSalle Americ	cas, Inc. Political Action Committee (Jones Lang LaSalle PAC)	
	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Jones Lang LaSalle	Americas, Inc.	
Mailing Address	[200] East Randolph Drive	
	[Chi¢ago	_60601 -
	CITY STATE	ZIP CODE
Relationship:	ected Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name Mike	e McLaughlin	
Mailing Address	[200 East Randolph Drive	
	Chicago L	_60601
Title or Position	CITY STATE	ZIP CODE
VP,Finance	Telephone number	12 - 782 - 5800
8. Treasurer: List the name any designated agent (e.	e and address (phone number — optional) of the treasurer of the committee; .g., assistant treasurer).	and the name and address of
Full Name of Treasurer	est Fiorante	
Mailing Address	200, East Randglph Drive	
	Chicago	60601_ -
Title or Position	CITY STATE	ZIP CODE
Treasurer/GFO	Telephone number	12 - 782 - 5800

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Full Name of Designated Agent	James Jasionowski, , , , , , , , , , , , , , , , , , ,	<u>L_1_1_1</u>	<u> </u>			
Mailing Address	[200 East Randolph Drive	[200 East Randolph Drive				
		<u> </u>				
	[Chicago	14	60601_]			
Title or Position	CITY	STATE	ZIP CODE			
	reasurer Telephone nu	mber L	<u>312 - 782 - 5800</u>			
	1444 184	<u> </u>				
Mailing Address	111 West Monroe	1111				
		1111				
	[Chicago		60603 -			
	CITY	STATE	ZIP CODE			
Name of Bank,	Depository, etc.					
	1					
Mailing Address		- 				
Mailing Address						
	1	1 . 1	<u> </u>			
			<u> </u>			
	CITY	STATE	ZIP CODE			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.		
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No Postmark		
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